

CHIP

Children's Health Insurance Program

1-877-KIDS-NOW health.utah.gov/CHIP

Member Guide

Important Phone Numbers

CHIP Premium Line: 1-866-772-1261 or 801-538-9004

CHIP Hotline: 1-877-KIDS-NOW (1-877-543-7669)

CHIP web site: health.utah.gov/chip

CHIP Online Education: health.utah.gov/umb

My CHIP Case Number: _____

My Local Eligibility Office: _____

My Health Program Rep. (HPR): _____

My Primary Care Provider: _____

My Local Pharmacy: _____

My Dentist: _____

Health Plans

PEHP: 1-800-765-7347 or www.pehp.org

Molina: 1-888-483-0760 or molinahealthcare.com

CHIP Dental Plan (PEHP): 1-800-765-7347 or www.pehp.org

Other

Find an Eligibility Office Near You: 1-888-222-2542

Primary Care Network: 1-888-222-2542 or health.utah.gov/pcn

Utah's Premium Partnership for Health Insurance (UPP): 1-888-222-2542
or health.utah.gov/upp

General Information: 2-1-1

CHIP

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Member Guide

July 2007

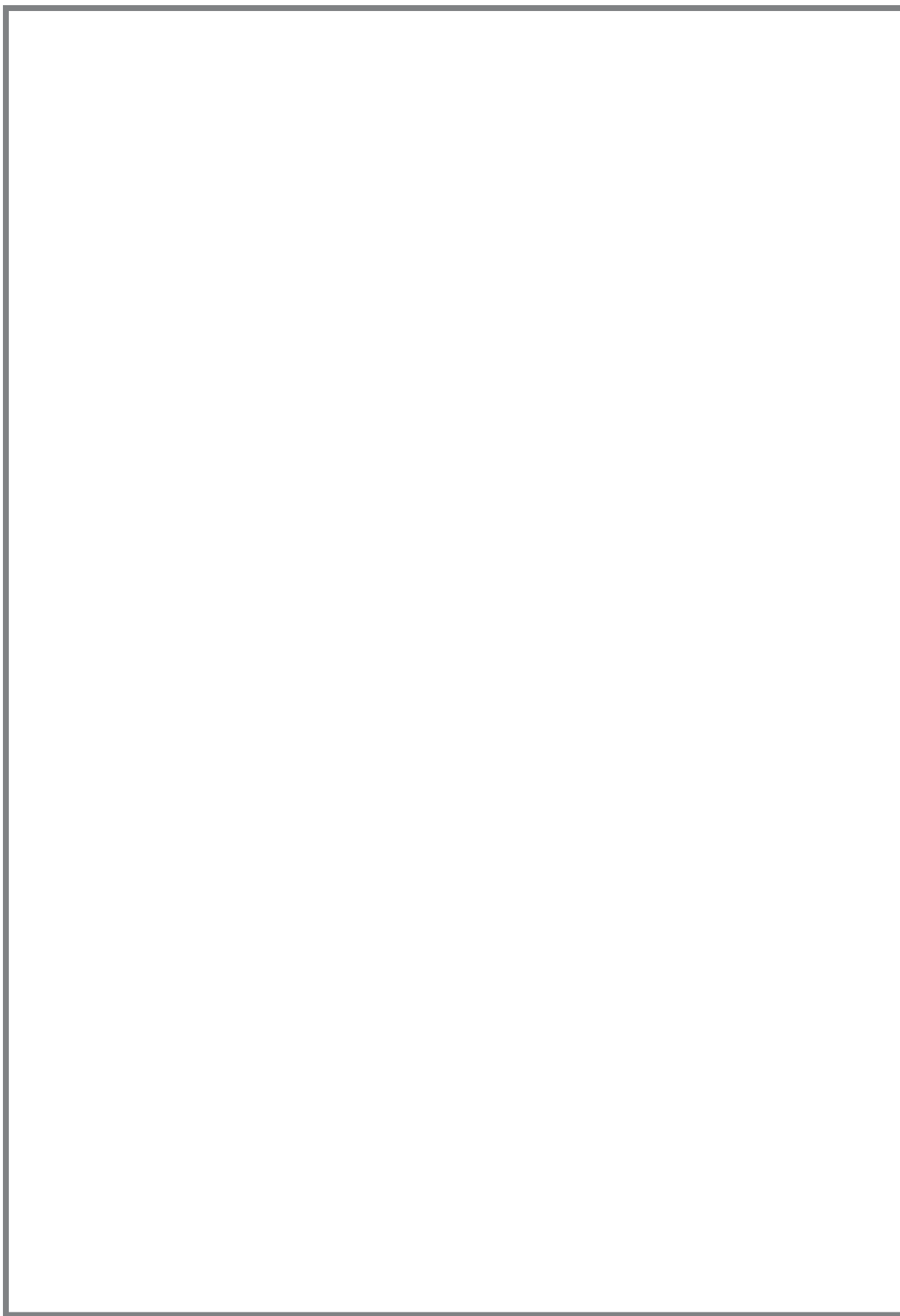
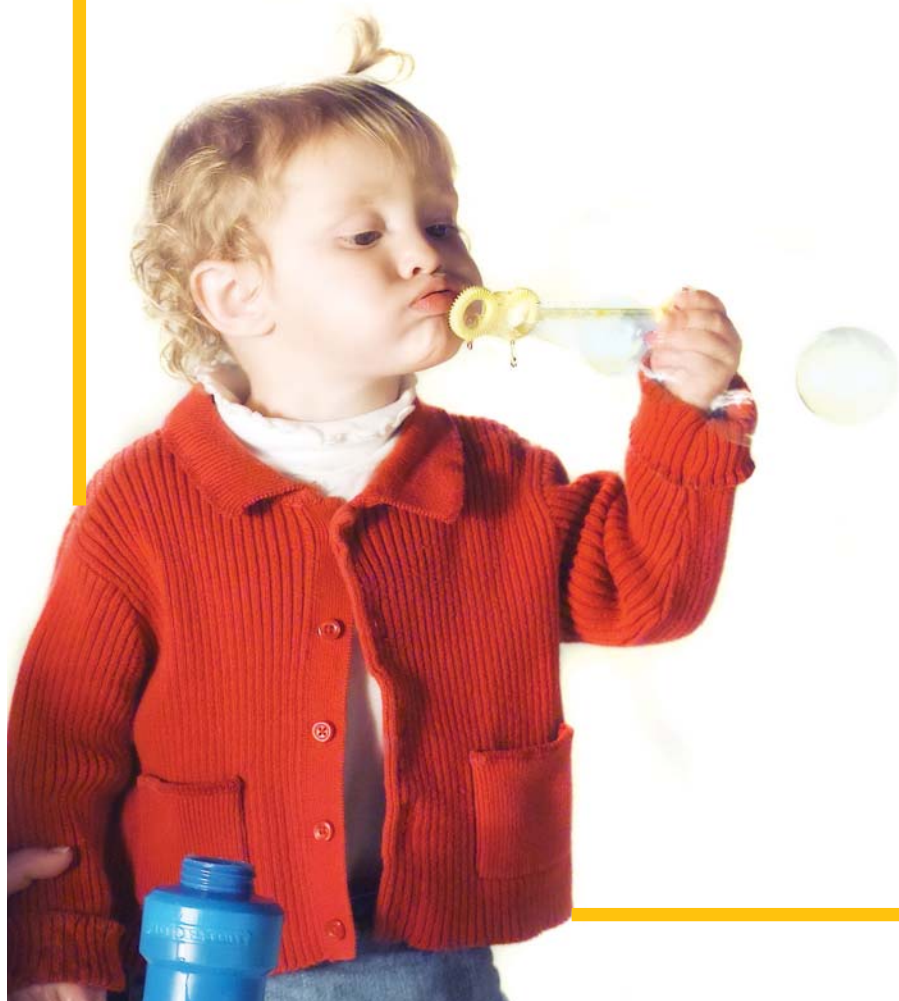


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INTRODUCTION



Welcome

Welcome to the Children's Health Insurance Program (CHIP). Many working Utah families who do not have health insurance for their children may qualify for low cost insurance. CHIP offers many benefits and provides these services through two health plans:

- PEHP (Public Employee's Health Program)
- Molina Healthcare of Utah

After you have been approved for CHIP, it is time for you to choose a health plan so that you can begin using your benefits and services. **CHIP benefits are the same no matter which health plan you choose.** Your local Health Program Representative (HPR) will help you through that process (see page 10).

For information about CHIP policies, please see the CHIP Policy Manual by visiting <http://utahcares.utah.gov/infosourcechip>.

Summary of Covered Benefits

CHIP covers the following benefits for your children:

- Well-child exams (\$0 co-pay)
- Immunizations (\$0 co-pay)
- Doctor visits
- Medical emergency services
- Prescriptions
- Hearing and vision exams
- Mental health services
- Dental services for prevention and treatment of tooth decay (\$0 co-pay for exams and cleanings)

Because preventive care is so important in keeping your child healthy, CHIP does not require a co-pay for well-child exams and immunizations. For a more detailed list of benefits and co-pays, see page 18. After you choose a health plan, PEHP or Molina will send you a booklet describing these services.

Your Health Program Representative

Your local Health Program Representative (HPR) will help you choose a health plan and:

- Offer free classes to you about how CHIP works
- Answer general questions about your health plan
- Give online education tools about CHIP at health.utah.gov/umb

See “Choosing a Health Plan” on page 9 for more information. To find your local HPR, see page 24.

Your Local Eligibility Office

A representative from your local eligibility office reviews your CHIP application, determines if you are eligible, and conducts your annual enrollment renewal. You must call your eligibility office if you have a:

- Change in the number of family members living at home
- Change of address, phone number, or moving out of state
- Change in health insurance coverage (Let them know within 10 days if your child enrolls in other health insurance or if insurance becomes available through your work.)

You do not need to call your eligibility worker when your income changes. However, if your income goes down a lot, you may want to call your eligibility office to see if you qualify for lower co-pays, premiums, or for a different medical assistance program.

To find an eligibility office near you, call 1-888-222-2542.

Concerns with Eligibility. When you apply for CHIP, you may be told you are not eligible. If you feel you may have been treated unfairly, you have the right to:

- Talk with an eligibility worker or his/her supervisor
- Call the Department of Workforce Services (DWS) Office of Constituent Services at 800-331-4341
- Ask for a fair hearing

Enrollment Renewal

CHIP reviews your enrollment every twelve months from the time you started.

- At that time, CHIP will send you a renewal form.
- You will need to complete the form and follow the instructions on the renewal form.
- If you are still eligible for CHIP, you will continue to pay your premiums (see page 18).

It is important to complete the renewal process on time or your case may be closed. If your case is closed for more than a month, you will need to call your local eligibility office and reapply during CHIP open enrollment.

Interpretive Services

If you are deaf or hearing impaired, or speak another language, you can get an interpreter. When you call the CHIP hotline or CHIP premium office, CHIP provides an interpreter over the phone to help you. If you need interpretive services at your primary care provider's office, call PEHP or Molina before your appointment to make arrangements.

Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA Privacy Act describes how medical information about you may be used and disclosed and how you may get the information. The Utah Department of Health is committed to protect your medical information, provide this notice to you, and abide by the terms of the notice. During the CHIP enrollment process, you will receive this notice.

Reference: www.health.utah.gov/hipaa

CHOOSING A HEALTH PLAN



How To Choose a Health Plan

CHIP has two health plans: PEHP and Molina. You may choose the one you want. Both plans offer the same CHIP benefits. Follow the steps below to choose your health plan.

1. Contact your Health Program Representative (HPR).

- If you are approved for CHIP, you will get a letter asking you to choose a health plan.
- It is critical that you choose either PEHP or Molina as soon as you are approved, so that you can take full advantage of the benefits and services that CHIP offers.
- Contact your HPR as soon as you get the letter. To find the HPR assigned to your county, see page 24.

2. Decide between PEHP and Molina.

- Your HPR will help you choose a health plan.
- Use the charts on the next few pages to help you decide.
- Dental benefits are covered by the PEHP Dental Plan, no matter which plan you choose.
- **How to read the charts:** Although there are four different names for the health plans listed in the charts (Exclusive, Preferred, Healthy Kids, or Healthy Kids Plus), they offer the same benefits. These plan names are based on whether you live in a rural or urban county. PEHP or Molina will assign you to one of the four.
- **Example:** A family living in Beaver County who chooses Molina for their health plan will be covered by Molina Healthy Kids Plus. But if they get PEHP, they will be covered by PEHP Exclusive. Remember, CHIP benefits are the same no matter which plan you choose.
- All you have to do is choose either PEHP or Molina.

3. Tell your HPR which one you choose.

- Once you have chosen a health plan, e-mail chiphpr@utah.gov with your plan choice, case number, names of parent/guardian and children, and contact information.
- Or, mail/fax the “Health Plan Selection Form” (page 29) to your local HPR.

Note: If you do not tell your HPR which health plan you want, one will be chosen for you.

Counties

As you can see, both PEHP and Molina are offered in every county. **All you need to do is choose either PEHP or Molina.** After that, PEHP or Molina will assign you to a plan based on where you live (Exclusive, Preferred, Healthy Kids, or Healthy Kids Plus).

| County | PEHP | | Molina | |
|------------|-----------|-----------|--------------|-------------------|
| | Exclusive | Preferred | Healthy Kids | Healthy Kids Plus |
| Beaver | ✓ | | | ✓ |
| Box Elder | | ✓ | | ✓ |
| Cache | ✓ | | | ✓ |
| Carbon | | ✓ | | ✓ |
| Daggett | | ✓ | | ✓ |
| Davis | ✓ | | ✓ | |
| Duchesne | | ✓ | | ✓ |
| Emery | | ✓ | | ✓ |
| Garfield | ✓ | | | ✓ |
| Grand | | ✓ | | ✓ |
| Iron | ✓ | | | ✓ |
| Juab | ✓ | | | ✓ |
| Kane | | ✓ | | ✓ |
| Millard | ✓ | | | ✓ |
| Morgan | ✓ | | | ✓ |
| Piute | | ✓ | | ✓ |
| Rich | | ✓ | | ✓ |
| Salt Lake | ✓ | | ✓ | |
| San Juan | | ✓ | | ✓ |
| Sanpete | ✓ | | | ✓ |
| Sevier | ✓ | | | ✓ |
| Summit | ✓ | | | ✓ |
| Tooele | | ✓ | | ✓ |
| Uintah | | ✓ | | ✓ |
| Utah | ✓ | | ✓ | |
| Wasatch | ✓ | | | ✓ |
| Washington | ✓ | | | ✓ |
| Wayne | | ✓ | | ✓ |
| Weber | ✓ | | ✓ | |

Hospitals

PEHP or Molina will assign you to a plan based on where you live (Exclusive, Preferred, Healthy Kids, or Healthy Kids Plus). This is a list of hospitals where CHIP services are offered.

| Hospitals | PEHP | | Molina | |
|--------------------------|-----------|-----------|--------------|-------------------|
| | Exclusive | Preferred | Healthy Kids | Healthy Kids Plus |
| Allen Memorial | | ✓ | ✓ | ✓ |
| Alta View Hospital | ✓ | ✓ | | |
| American Fork | ✓ | ✓ | | |
| Ashley River Valley | | ✓ | ✓ | ✓ |
| Bear River Valley | ✓ | ✓ | ✓ | ✓ |
| Beaver Valley | ✓ | ✓ | ✓ | ✓ |
| Brigham City | | ✓ | ✓ | ✓ |
| Cache Valley Specialty | | ✓ | ✓ | ✓ |
| Cassia Memorial | ✓ | ✓ | ✓ | ✓ |
| Castle View Memorial | | ✓ | ✓ | ✓ |
| Central Valley Med. | ✓ | ✓ | ✓ | ✓ |
| Cottonwood Hospital | ✓ | ✓ | | |
| Davis Hospital | ✓ | ✓ | ✓ | ✓ |
| Delta Community | ✓ | ✓ | ✓ | ✓ |
| Dixie Regional | ✓ | ✓ | ✓ | ✓ |
| Fillmore Community | ✓ | ✓ | ✓ | ✓ |
| Garfield Memorial | ✓ | ✓ | ✓ | ✓ |
| Gunnison Valley | ✓ | ✓ | | |
| Heber Valley Medical | ✓ | ✓ | ✓ | ✓ |
| IHC Orthopedic Specialty | ✓ | ✓ | ✓ | ✓ |
| Jordan Valley | | ✓ | ✓ | ✓ |
| Kane County | | ✓ | ✓ | ✓ |
| Lakeview Hospital | | ✓ | ✓ | |
| LDS Hospital | ✓ | ✓ | ✓* | ✓ |
| Logan Regional | ✓ | ✓ | | |
| McKay Dee Hospital | ✓ | ✓ | ✓ | ✓ |
| Milford Valley | ✓ | ✓ | ✓ | ✓ |
| Mountain View | | ✓ | ✓ | ✓ |

*Requires prior approval from the health plan

| Hospitals | PEHP | | Molina | |
|------------------------|-----------|-----------|--------------|-------------------|
| | Exclusive | Preferred | Healthy Kids | Healthy Kids Plus |
| Mountain West | ✓ | ✓ | ✓ | ✓ |
| Ogden Regional Med. | | ✓ | ✓ | ✓ |
| Orem Community | ✓ | ✓ | | |
| Pioneer Valley | | ✓ | ✓ | ✓ |
| Primary Children's | ✓ | ✓ | ✓ | ✓ |
| Salt Lake Regional | | ✓ | ✓ | ✓ |
| San Juan Hospital | | ✓ | | |
| Sanpete Valley | ✓ | ✓ | ✓ | ✓ |
| Sevier Valley Hospital | ✓ | ✓ | ✓ | ✓ |
| St. Mark's Hospital | | ✓ | ✓ | ✓ |
| Timpanogas Regional | | ✓ | ✓ | ✓ |
| Uintah Basin Medical | | ✓ | ✓ | ✓ |
| University of Utah | | ✓ | ✓ | ✓ |
| Utah Valley Regional | ✓ | ✓ | ✓* | ✓ |
| Valley View Medical | ✓ | ✓ | ✓ | ✓ |

*Requires prior approval from the health plan

Common Questions about Health Plans

What will PEHP or Molina do for me?

Your health plan will:

- Process your claims
- Send you medical and dental cards
- Send you a booklet of health care providers for you to choose from
- Pre-authorize procedures when needed
- Answer your questions about benefits

When will I get my medical and dental cards?

Within 4-6 weeks, your health plan will send you a medical and dental card for each child enrolled in CHIP. If you do not get your card or if you lose it, call your health plan.

What should I do if my children need health care before we get the medical card?

Call your HPR or health plan. In some cases you will need to pay for services and then be reimbursed.

Will I get a new card if I add a family member to CHIP?

Yes. Contact your eligibility worker to add a family member to CHIP. After that, you will get a card for that child.

Who provides CHIP dental benefits?

Regardless of which health plan you choose, PEHP Dental Plan provides benefits for all CHIP enrollees. PEHP will send you a dental card for each child.

How do I know what is covered by CHIP?

Your health plan will send you a packet that includes information about covered benefits, pre-authorization, and a list of providers you may use. Call your health plan if you do not receive it within 4-6 weeks.

Do we have to use a participating provider?

Yes. Both PEHP and Molina require you to use a provider that participates in their networks.

Do I need to get a referral before I can see a specialist?

No. A referral is not needed.

Which pharmacies can I use?

You may use any PEHP approved or Molina approved pharmacy. Your health plan will send you more details.

Can I get help in coordinating my medical services?

Yes. PEHP and Molina offer case management services to help you coordinate your medical services. Contact your health plan for more information.

Can I change my health plan?

You must stay with your selected health plan through June 30 of each year. However, you can change your plan during the yearly plan switch period from May to mid-June. Any changes made at that time will be effective July 1 of that year. You will get a letter each year to remind you of the yearly plan change period.

If you move to a different county within Utah, you must call your HPR because your current health plan may not be available in your new county.

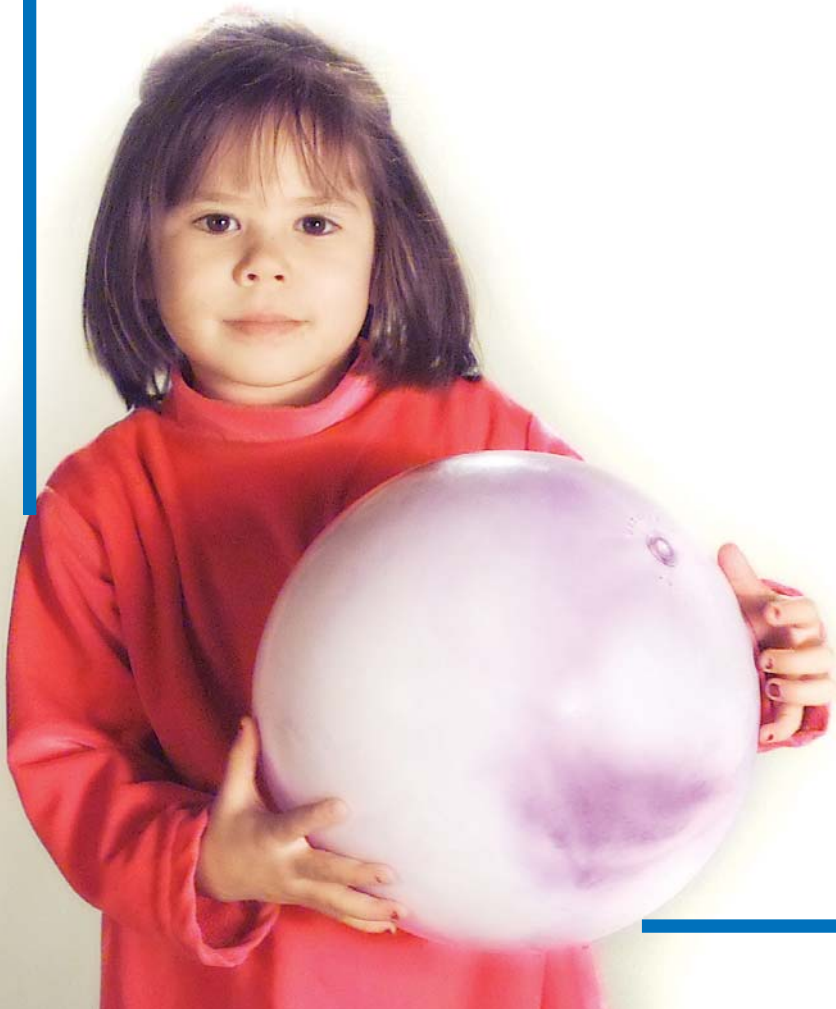
For more information, contact your HPR (see page 24).

Are there any other benefits I should know about?

Call PEHP or Molina to learn about incentives or other programs they may offer.

Notes

PREMIUMS & CO-PAYS



Premiums*

Depending on your income, you may need to pay a premium (up to \$60) every quarter. CHIP will bill you when your premiums are due. The premium is a set amount no matter how many children you have. CHIP has monthly options available for you, too, if you would like. Just call the CHIP Premium Line and ask.

Premiums are billed the first week of February, May, August, and November. You may choose any of the following ways to pay your premiums:

- **Online:** health.utah.gov/chip
- **Phone:** CHIP Premium Line 1-866-772-1261
- **Mail:** CHIP Premium Office, PO Box 144102, SLC, UT 84114-4102 (include your case #)

It is very important that you pay your premiums on time. If you do not pay them on time, your case will be closed.

Co-pays*

Most CHIP families will need to pay a co-pay for medical and dental services. A representative from your local eligibility office will assign you to CHIP Co-pay Plan A, B, or C based on your income. The co-pay plan you are assigned to will be listed on your CHIP ID card. The next few pages outline the benefits and co-pays for each plan. Preventive care services like immunizations and well-child exams do not have a co-pay.

Deductible. Plan A and Plan B have no deductible. However, Plan C requires that you pay a deductible. A deductible is the part of a claim that is not covered by CHIP. You must pay the deductible first before CHIP can pay the remaining cost of these bills. This applies to inpatient, outpatient hospital, and major diagnostic services.

*Co-pay plans and premiums are based on your income. American Indians/Alaska Natives do not pay premiums or co-pays.

CHIP Co-pay Plan A

| Benefits | Co-pay Plan A |
|--|--|
| Out-of-Pocket Maximum | 5% of family's annual gross income |
| Premium | \$0 |
| Pre-existing Condition | No waiting period |
| Deductible | None |
| Well-Child Exams | \$0 |
| Immunizations | \$0 |
| Doctor Visits | \$3 |
| Specialist Visits | \$3 |
| Emergency Room | \$3 |
| Ambulance | \$3 |
| Urgent Care Center | \$3 |
| Ambulatory Surgical & Outpatient Hospital | \$3 |
| Inpatient Hospital Services* | \$25 |
| Lab & X-ray | \$0 for x-ray/lab tests under \$350; \$3 for x-ray/lab tests over \$350 |
| Surgeon | \$0 |
| Anesthesiologist | \$0 |
| Prescriptions Preferred Generic Drug Preferred Brand Name Drug Non-Preferred Drug | GENERIC - \$1 for drug under \$50; \$3 for drug over \$50 BRAND NAME - \$1 for drug under \$50; \$3 for drug over \$50 NON-PREFERRED - 5% of total |
| Dental Services | \$0 for exams, fluoride, etc. \$3 for selected fillings, crowns, etc. |
| Mental Health Services* | INPATIENT HOSPITAL - \$25 (20 day limit) OUTPATIENT VISIT- \$3 (20 visit limit) |
| Physical Therapy | \$3 (20 visit limit) |
| Chiropractic Visits | \$3 (8 visit limit) |
| Home Health & Hospice Care* | \$3 |
| Medical Equipment and Supplies* | \$3 |
| Diabetes Education | \$0 |
| Vision Screening | \$3 (limit 1) |
| Hearing Screening | \$3 (limit 1) |

* Requires prior authorization or pre-notification

CHIP Co-pay Plan B

| Benefits | Co-pay Plan B |
|--|--|
| Out-of-Pocket Maximum | 5% of family's annual gross income |
| Premium | \$30/family/quarter |
| Pre-existing Condition | No waiting period |
| Deductible | None |
| Well-Child Exams | \$0 |
| Immunizations | \$0 |
| Doctor Visits | \$5 |
| Specialist Visits | \$5 |
| Emergency Room | \$5 |
| Ambulance | 5% of total amount |
| Urgent Care | \$5 |
| Ambulatory Surgical & Outpatient Hospital | 5% of total amount |
| Inpatient Hospital Services* | \$100 |
| Lab & X-ray | \$0 for x-ray/lab tests under \$350; 5% of total for each test over \$350 |
| Surgeon | \$0 |
| Anesthesiologist | \$0 |
| Prescriptions Preferred Generic Drug Preferred Brand Name Drug Non-Preferred Drug | GENERIC - \$5 BRAND NAME - \$5 NON-PREFERRED - 5% of total |
| Dental Services | \$0 for exams, fluoride, etc. \$5 for selected fillings, crowns, etc. |
| Mental Health Services* | INPATIENT HOSPITAL - \$100 (20 day limit) OUTPATIENT VISIT - 5% of total (20 visit limit) |
| Physical Therapy | \$5 (20 visit limit) |
| Chiropractic Visits | \$5 (8 visit limit) |
| Home Health & Hospice Care* | 5% of total |
| Medical Equipment and Supplies* | 5% of total |
| Diabetes Education | \$0 |
| Vision Screening | \$5 (limit 1) |
| Hearing Screening | \$5 (limit 1) |

* Requires prior authorization or pre-notification

CHIP Co-pay Plan C

| Benefits | Co-pay Plan C |
|--|---|
| Out-of-Pocket Maximum | 5% of family's annual gross income |
| Premium | \$60/family/quarter |
| Pre-existing Condition | No waiting period |
| Deductible | \$250 per person/\$500 per family for inpatient, outpatient hospital and major diagnostic services |
| Well-Child Exams | \$0 |
| Immunizations | \$0 |
| Doctor Visits | \$20 |
| Specialist Visits | \$25 |
| Emergency Room | \$75 |
| Ambulance | 20% of total amount |
| Urgent Care Center | \$25 |
| Ambulatory Surgical & Outpatient Hospital | 10% after deductible |
| Inpatient Hospital Services* | 10% after deductible |
| Lab & X-ray | \$0 for x-ray/lab tests under \$350; 20% of total for each test over \$350, after deductible. |
| Surgeon | \$0 |
| Anesthesiologist | \$0 |
| Prescriptions Preferred Generic Drug Preferred Brand Name Drug Non-Preferred Drug | GENERIC - \$10 BRAND NAME - 25% of discounted cost up to a 30-day supply; \$5 minimum NON-PREFERRED - 50% of discounted cost up to a 30-day supply; \$5 minimum |
| Dental Services | \$0 for exams, fluoride, etc. 20% of total for selected fillings, crowns, etc. |
| Mental Health Services* | INPATIENT HOSPITAL - 30% after deductible (20 day limit) OUTPATIENT VISIT - 30% after deductible (20 visit limit) |
| Physical Therapy | \$25 (20 visit limit) |
| Chiropractic Visits | \$25 (8 visit limit) |
| Home Health & Hospice Care* | 10% of total |
| Medical Equipment and Supplies* | 20% of total |
| Diabetes Education | \$0 |
| Vision Screening | \$20 (limit 1) |
| Hearing Screening | \$20 (limit 1) |

* Requires prior authorization or pre-notification

Maximum Out-of-Pocket Costs

What is the most I will need to pay?

You will not pay more than 5% of your family's income for the cost of premiums and co-pays each plan year (July 1 - June 30). CHIP will send you an approval letter, telling you the out-of-pocket maximum.

What happens when I have paid the maximum out-of-pocket?

Once you have reached the 5% maximum, your family will no longer have co-pays for that year.

When should I start tracking my out-of-pocket expenses?

Start tracking the day your child becomes eligible for CHIP. We have included a form to help you track these expenses throughout the plan year (July 1 - June 30). See the "5% Maximum Claim Form" on page 27.

How do I show that I have paid the maximum out-of-pocket?

- Each time you pay a co-pay, write the information on the "5% Maximum Claim Form" (page 27).
- Once the co-pays add up to your 5% maximum or more, mail or fax the completed claim form to:
CHIP, PO Box 144102, Salt Lake City, UT 84114-4102
Fax: 801-538-6860
- You can get more claim forms by calling 1-866-772-1261 or downloading it from health.utah.gov/chip/resources.

What happens next?

- CHIP will make sure you have met your 5% maximum out-of-pocket costs.
- If you have met the maximum 5%, CHIP will send you a letter verifying the 5% is met and that you do not owe co-pays through June 30 (the end of the plan year).
- You can use the letter to show to your health care provider that you do not owe co-pays until you get a new card.
- Your health plan will send you a new medical card showing that no co-pay is due.

CHIP Member Guide

RESOURCES



Find Your Health Program Representative

| County | HPR DWS Office | Phone | E-mail |
|-----------|--------------------------------------|---------------------------------------|---------------------|
| Beaver | 7292 S. State St. Midvale | 801-567-3835 1-866-772-1261 x.3835 | midvalehpr@utah.gov |
| Box Elder | 480 27th Street Ogden | 801-626-0424 1-866-772-1261 x.0424 | ogdenhpr@utah.gov |
| Cache | 480 27th Street Ogden | 801-626-0424 1-866-772-1261 x.0424 | ogdenhpr@utah.gov |
| Carbon | 5735 S. Redwood Rd., Taylorsville | 801-269-4890 1-866-772-1261 x.4890 | schpr@utah.gov |
| Daggett | 7292 S. State St. Midvale | 801-567-3835 1-866-772-1261 x.3835 | midvalehpr@utah.gov |
| Davis | 1915 W. 5400 S. Roy | 801-776-7232 1-866-772-1261 x.7232 | royhpr@utah.gov |
| | 1350 E. 1400 S. Clearfield | 801-776-7377 1-866-772-1261 x.7377 | clearfhpr@utah.gov |
| | 763 W. 700 S. Woods Cross | 801-298-6612 1-866-772-1261 x.6612 | wchpr@utah.gov |
| Duchesne | 7292 S. State St. Midvale | 801-567-3835 1-866-772-1261 x.3835 | midvalehpr@utah.gov |
| Emery | 751 E. Quality Dr. American Fork | 801-342-2629 1-866-772-1261 x.2629 | afhpr@utah.gov |
| Garfield | 158 S. 200 W. Salt Lake City | 801-524-9071 1-866-772-1261 x.9071 | expohpr@utah.gov |
| Grand | 5735 S. Redwood Rd., Taylorsville | 801-269-4890 1-866-772-1261 x.4890 | schpr@utah.gov |
| Iron | 720 S. 200 E. Salt Lake City | 801-536-7112 1-866-772-1261 x.7112 | metrohpr@utah.gov |
| Juab | 1915 W. 5400 S. Roy | 801-776-7232 1-866-772-1261 x.7232 | royhpr@utah.gov |
| Kane | 158 S. 200 W. Salt Lake City | 801-524-9071 1-866-772-1261 x.9071 | expohpr@utah.gov |
| Millard | 1350 E. 1400 S. Clearfield | 801-776-7363 1-866-772-1261 x.7363 | clearfhpr@utah.gov |
| Morgan | 480 27th Street Ogden | 801-626-0424 1-866-772-1261 x.0424 | ogdenhpr@utah.gov |

| County | HPR DWS Office | HPR Phone | HPR E-mail |
|-----------|--------------------------------------|---------------------------------------|---------------------|
| Piute | 763 W. 700 S. Woods Cross | 801-298-6612 1-866-772-1261 x.6612 | wchpr@utah.gov |
| Rich | 480 27th Street Ogden | 801-626-0424 1-866-772-1261 x.0424 | ogdenhpr@utah.gov |
| Salt Lake | 158 S. 200 W Salt Lake City | 801-524-9071 1-866-772-1261 x.9071 | expohpr@utah.gov |
| | 720 S. 200 E. Salt Lake City | 801-536-7112 1-866-772-1261 x.7112 | metrohpr@utah.gov |
| | 2750 S. 5600 W. West Valley | 801-840-4456 1-866-772-1261 x.4456 | wvhpr@utah.gov |
| | 5735 S. Redwood Rd., Taylorsville | 801-269-4890 1-866-772-1261 x.4890 | schpr@utah.gov |
| | 7292 S. State St. Midvale | 801-567-3835 1-866-772-1261 x.3835 | midvalehpr@utah.gov |
| San Juan | 5735 S. Redwood Rd., Taylorsville | 801-269-4890 1-866-772-1261 x.4890 | schpr@utah.gov |
| Sanpete | 763 W. 700 S. Woods Cross | 801-298-6612 1-866-772-1261 x.6612 | wchpr@utah.gov |
| Sevier | 1350 E. 1400 S. Clearfield | 801-776-7363 1-866-772-1261 x.7363 | clearfhpr@utah.gov |
| Summit | 158 S. 200 W Salt Lake City | 801-524-9071 1-866-772-1261 x.9071 | expohpr@utah.gov |
| | 1550 N. 200 W. Provo | 801-342-2622 1-866-772-1261 x.2622 | provohpr@utah.gov |
| | 763 W. 700 S. Woods Cross | 801-298-6612 1-866-772-1261 x.6612 | wchpr@utah.gov |
| Tooele | 720 S. 200 E. Salt Lake City | 801-536-7112 1-866-772-1261 x.7112 | metrohpr@utah.gov |
| Uintah | 7292 S. State St. Midvale | 801-567-3835 1-866-772-1261 x.3835 | midvalehpr@utah.gov |
| Utah | 1550 N. 200 W. Provo | 801-342-2622 1-866-772-1261 x.2622 | provohpr@utah.gov |
| | 751 E. Quality Dr. American Fork | 801-342-2629 1-866-772-1261 x.2629 | afhpr@utah.gov |
| | 1185 N. Chappel Dr., Spanish Fork | 801-342-2622 1-866-772-1261 x.2622 | sfhpr@utah.gov |

| County | HPR DWS Office | HPR Phone | HPR E-mail |
|------------|-----------------------------------|---------------------------------------|---------------------|
| Wasatch | 1185 N. Chappel Dr., Spanish Fork | 801-342-2629 1-866-772-1261 x.2629 | sfhpr@utah.gov |
| Washington | 7292 S. State St. Midvale | 801-567-3835 1-866-772-1261 x.3835 | midvalehpr@utah.gov |
| | 2750 S. 5600 W. West Valley | 801-840-4456 1-866-772-1261 x.4456 | wvhpr@utah.gov |
| Wayne | 763 W. 700 S. Woods Cross | 801-298-6612 1-866-772-1261 x.6612 | wchpr@utah.gov |
| Weber | 1915 W. 5400 S. Roy | 801-776-7232 1-866-772-1261 x.7232 | royhpr@utah.gov |
| | 480 27th St. Ogden | 801-626-0424 1-866-772-1261 x.0424 | ogdenhpr@utah.gov |

Find Your Local Eligibility Office

Call 1-888-222-2542 during regular business hours to find your local office.

Your local eligibility office can also help you if you have family members on Medicaid, the Primary Care Network (PCN), or Utah's Premium Partnership for Health Insurance (UPP).



Parent/Guardian Name: _____

We have provided this form to help you keep track of your children's medical and dental services. After your out-of-pocket maximum is met, return this form to CHIP (see below). Complete one line for each co-payment or co-insurance you pay. You do not need to submit receipts, but keep them for your records.

-You may tear out this page.

Grand Total (for all pages) \$_____

CHIP, PO Box 144102, SLC, UT 84114-4102

E-mail: chip@utah.gov

| Child's Name | Date of visit or claim | Did you pay this bill? Y/N | Health Care Provider's Name and Mailing Address | Amount of co-pay or co-insurance |
|--------------|------------------------|----------------------------|---|----------------------------------|
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| | | | Subtotal on this page: | |

Return form to:
 CHIP, PO Box 144102, SLC, UT 84114-4102
Fax: 801-538-6860
E-mail: chip@utah.gov

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Health Plan Selection Form

Once you have chosen a health plan, please mail or fax this form to your local Health Program Representative (HPR). Or, e-mail chippr@utah.gov with your plan choice and the information below.
(Please print clearly)

| | | |
|---------------------------------------|---|---------------|
| Case # | | |
| Name of Parent/ Guardian | (First Last) | Date of Birth |
| Name(s) of child/ children | (First Last) | Date of Birth |
| | (First Last) | Date of Birth |
| | (First Last) | Date of Birth |
| | (First Last) | Date of Birth |
| | (First Last) | Date of Birth |
| Contact Information | (Address, City, State, Zip) | |
| | (Daytime Phone) | (Cell phone) |
| | (E-mail address) | |
| My Choice of Health Plan | <input type="checkbox"/> PEHP <input type="checkbox"/> Molina | |

Note: You must stay with your selected health plan through June 30 of each year.

Return to:
 BMHC CHIP HPR, PO Box 143108
 SLC, UT 84114-3108
Fax: 801-538-6099
E-mail: chippr@utah.gov

| | | |
|------------------------------------|--------------|---------------|
| Name(s) of child/ children: | (First Last) | Date of Birth |
| | (First Last) | Date of Birth |
| | (First Last) | Date of Birth |
| | (First Last) | Date of Birth |
| | (First Last) | Date of Birth |

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Notes

Notes



Information in the CHIP Member Guide may change without notice. This guide contains a brief description of coverage and is not a policy, coverage, or service agreement. A detailed description of services is available in PEHP and Molina's master policy and member services guide.

CHIP
PO Box 144102
SLC, UT 84114-4102

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